

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 09/691298 FILING DATE  
APPLICANT(S)

BEST AVAILABLE COPY

| CLAIMS       |          |     |                     |     |                     |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            |          |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
| 15           |          |     |                     |     |                     |     |
| 16           |          |     |                     |     |                     |     |
| 17           |          |     |                     |     |                     |     |
| 18           |          |     |                     |     |                     |     |
| 19           |          |     |                     |     |                     |     |
| 20           |          |     |                     |     |                     |     |
| 21           |          |     |                     |     |                     |     |
| 22           |          |     |                     |     |                     |     |
| 23           |          |     |                     |     |                     |     |
| 24           | 1        |     |                     |     |                     |     |
| 25           |          |     |                     |     |                     |     |
| 26           |          |     |                     |     |                     |     |
| 27           |          |     |                     |     |                     |     |
| 28           |          |     |                     |     |                     |     |
| 29           |          |     |                     |     |                     |     |
| 30           |          |     |                     |     |                     |     |
| 31           |          |     |                     |     |                     |     |
| 32           |          |     |                     |     |                     |     |
| 33           |          |     |                     |     |                     |     |
| 34           |          |     |                     |     |                     |     |
| 35           |          |     |                     |     |                     |     |
| 36           |          |     |                     |     |                     |     |
| 37           |          |     |                     |     |                     |     |
| 38           |          |     |                     |     |                     |     |
| 39           |          |     |                     |     |                     |     |
| 40           |          |     |                     |     |                     |     |
| 41           |          |     |                     |     |                     |     |
| 42           |          |     |                     |     |                     |     |
| 43           |          |     |                     |     |                     |     |
| 44           |          |     |                     |     |                     |     |
| 45           |          |     |                     |     |                     |     |
| 46           |          |     |                     |     |                     |     |
| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND    | 1        |     |                     |     |                     |     |
| TOTAL DEP    |          |     |                     |     |                     |     |
| TOTAL CLAIMS | 04       |     |                     |     |                     |     |
|              | 05       |     |                     |     |                     |     |

  

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| 83           |  |  |  |  |  |  |
| 84           |  |  |  |  |  |  |
| 85           |  |  |  |  |  |  |
| 86           |  |  |  |  |  |  |
| 87           |  |  |  |  |  |  |
| 88           |  |  |  |  |  |  |
| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
| 91           |  |  |  |  |  |  |
| 92           |  |  |  |  |  |  |
| 93           |  |  |  |  |  |  |
| 94           |  |  |  |  |  |  |
| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND    |  |  |  |  |  |  |
| TOTAL DEP    |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |